

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Guy Callaway.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36237

1. PLACE OF DEATH

County GreeneRegistration District No. 318Township SpringfieldPrimary Registration District No. 2001City Springfield (No. 1)

File No. _____

Registered No. 812

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Springfield Baptist Hospital Ward. ash Grove No 21
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF W. P. Pringle.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5-1900

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>33</u>	<u>7</u>	<u>15</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Greene County
(STATE OR COUNTRY) Missouri13. NAME W. E. Dyer.14. BIRTHPLACE (CITY OR TOWN) Lawrence Co
(STATE OR COUNTRY) Missouri15. MAIDEN NAME Gertrude Wolf16. BIRTHPLACE (CITY OR TOWN) Lawrence Co
(STATE OR COUNTRY) Missouri17. INFORMANT W. P. Pringle
(ADDRESS) ash Grove, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Johns Chapel DATE Nov. 22 193319. UNDERTAKER Prim Funeral Home
(ADDRESS) Walnut Grove, Mo.20. FILED 11-22-1933 Ralphus Langston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 193322. I HEREBY CERTIFY, That I attended deceased from Nov 20 1933 to Nov 20 1933I last saw her alive on Nov 20 1933 Death is saidto have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Diphtheria (Date of onset Nov. 1, 1933)
(Pharyngeal)
(Imported case from ash Grove, Mo.)

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Smear & culture Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Guy D. Callaway, M. D.(Address) Springfield Mo

